

TRAINING PLAN COMPLETION SUMMARY

Upon completion of the training requirements for this project, please mail to the Field Office to forward to Civil Rights Office.

I. PROJECT INFORMATION

CONTRACTOR NAME		ADOT PROJECT #		ADOT TRACS #:	
ADDRESS, CITY, STATE, ZIP CODE				<input type="checkbox"/> PRIME <input type="checkbox"/> SUB	
NUMBER OF TRAINEES ASSIGNED	NUMBER OF HOURS ASSIGNED	ADOT RESIDENT ENGINEER			
ACUTUAL NUMBER OF TRAINEES	TOTAL # OF HOURS COMPLETED				

II. PROJECT TRAINING SUMMARY.

APPRENTICE or TRAINEE NAME	CRAFT	SEX	*Ethnicity	START DATE	NUMBER OF TRAINING HOURS COMPLETED ON THIS PROJECT	LAST DAY ON PROJECT	WAS TRAINEE TERMINATED, GRADUATED, UPGRADED OR TRANSFERRED TO CONTINUE ON ANOTHER PROJECT?
TOTALS							

III. If training hours were not met, please explain Good Faith Efforts below. (Bid Item #9230001)

PRIME CONTRACTOR SIGNATURE _____ DATE _____

SUBCONTRACTOR SIGNATURE _____ DATE _____
(ONLY IF USED TO COMPLETE TRAINING HOURS)

*Ethnicity/Gender: (Use of this information is for reporting purposes only.)

- | | |
|--|---|
| 1. B Black, not of Hispanic Origin | 4. A Asian/Pacific Islander |
| 2. H Hispanic | 5. W White, not of Hispanic Origin |
| 3. NA American Indian or Native Alaskan | |

THIS AREA FOR ADOT FIELD CONSTRUCTION OFFICE USE ONLY – FAX TO Civil Rights Office at 602-712-3123		
FIELD OFFICE APPROVAL	DATE	TITLE